

Work Order ID 107698

\*107698\*

Page 1

September-27-13 1:10:17 PM

Item ID: 646.3912

646.3912

Accept

Revision ID:

B107698

\*N900040100\*

Setup

Start

\*NS1\*

Item Name: Shim

Stop

\*NS2\*

Start Date: 9/27/13 Start Qty: 8.00

\*8\*  
\*8\* \* 14\*

Cust Item ID:

Required Date: 9/27/13 Req'd Qty: 8.00

Customer:

Reference:

Approvals: Process Plan: MLC

Date: 13-09-27 Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date: SPC (Y/N):

Date:

Stop

\*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr                       | Revision Nbr             |                      |         |        |              |               |               |                  |                |
| 646.3900                       | N/C                      |                      |         |        |              |               |               |                  |                |
| 110                            |                          | 0.00                 |         |        |              |               |               |                  |                |

\*110\*

Waterjet

FLOW CNC Waterjet

Memo

1-Cut as per Dwg  
Dwg Rev: NC  
Prog Rev: NC

0.00

14 0

Ae  
13.11.02

2-Deburr if necessary

120

QC2- Inspect parts off machine FAI/FAIB

0.00

\*120\*

QC

Quality Control

Memo

0.00

14 0

Ae  
13.11.02

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| Work Order: _____ |   | DISPOSITION                                |  | AGAINST DEPARTMENT/PROCESS                          |  |                                      |             |              |              |
|-------------------|---|--|--|---|--|--------------------------------------|-------------|--------------|--------------|
|                   |   | Rework <input type="checkbox"/>            | Skid-tube <input type="checkbox"/>                       | Crosstube <input type="checkbox"/>                  | Water Jet <input type="checkbox"/>           | Engineering <input type="checkbox"/> |             |              |              |
|                   |   | Scrap <input type="checkbox"/>             | Machining <input type="checkbox"/>                       | Small Fab <input type="checkbox"/>                  | Prod. Eng. Coor. <input type="checkbox"/>    | Quality <input type="checkbox"/>     |             |              |              |
|                   |   | Use-as-is <input type="checkbox"/>         | Thermoforming <input type="checkbox"/>                   | Finishing <input type="checkbox"/>                  | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>       |             |              |              |
|                   |   | Work Order Update <input type="checkbox"/> | Large Fab <input type="checkbox"/>                       | Composite <input type="checkbox"/>                  | Supplier <input type="checkbox"/>            |                                      |             |              |              |
| Root Cause        | Date  | Step                                       | Qty  | Description of work order update or Non-conformance | Initial Chief Eng                            | Action Description                   | Sign & Date | Verification | QC Inspector |
| Doc/Data          |   |  |  |   |  |                                      |             |              |              |
| Equip/Tooling     |   |  |  |   |  |                                      |             |              |              |
| Operator          |   |  |  |   |  |                                      |             |              |              |
| Material          |   |  |  |   |  |                                      |             |              |              |
| Setup             |   |  |  |   |  |                                      |             |              |              |
| Other             |   |  |  |   |  |                                      |             |              |              |
| Process           |   |  |  |   |  |                                      |             |              |              |
| Supplier          |   |  |  |   |  |                                      |             |              |              |
| Training          |   |  |  |   |  |                                      |             |              |              |
| Unapproved        |   |  |  |   |  |                                      |             |              |              |
| FAULT CATEGORY    |   |  |  |   |  |                                      |             |              |              |
| Landing Gear      | General   |  |  |   |  |                                      |             |              |              |
|                   | Bending <input type="checkbox"/>                      | Bend <input type="checkbox"/>              | Grain <input type="checkbox"/>                           | Ovalized <input type="checkbox"/>                   | Pressure/Forced <input type="checkbox"/>     |                                      |             |              |              |
|                   | Centre Not Concentric to O/S <input type="checkbox"/> | BOM/Route <input type="checkbox"/>         | Hardware <input type="checkbox"/>                        | Over/Under tolerance <input type="checkbox"/>       | Temperature/Cure <input type="checkbox"/>    |                                      |             |              |              |
|                   | Cracks <input type="checkbox"/>                       | Broken/Damaged <input type="checkbox"/>    | Inspection Incomplete <input type="checkbox"/>           | Part Incorrect <input type="checkbox"/>             | Weld <input type="checkbox"/>                |                                      |             |              |              |
|                   | Crushed/Crimped. <input type="checkbox"/>             | Burrs <input type="checkbox"/>             | Instructions Incomplete/Unclear <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/>          | Wrong Stock Pulled <input type="checkbox"/>  |                                      |             |              |              |
|                   | Cuffs <input type="checkbox"/>                        | Contamination <input type="checkbox"/>     | Maintenance <input type="checkbox"/>                     | Part Moved <input type="checkbox"/>                 |  |                                      |             |              |              |
|                   | Heat Treat <input type="checkbox"/>                   | Countersink <input type="checkbox"/>       | Mislabeled <input type="checkbox"/>                      | Positioned Wrong <input type="checkbox"/>           |  |                                      |             |              |              |
|                   | Inspection Strip in Tube <input type="checkbox"/>     | Cut Too Short <input type="checkbox"/>     | Misread <input type="checkbox"/>                         | Power Loss/Surge <input type="checkbox"/>           | Other <input type="checkbox"/>               |                                      |             |              |              |
|                   | Ripples in Bend <input type="checkbox"/>              | Drill Holes <input type="checkbox"/>       | Offset <input type="checkbox"/>                          |   |  |                                      |             |              |              |
|                   | Torque Waves in Extrusion <input type="checkbox"/>    | Drawing <input type="checkbox"/>           | Out of Calibration <input type="checkbox"/>              |   |  |                                      |             |              |              |
|                   | Turning Sequence <input type="checkbox"/>             | Finish <input type="checkbox"/>            | Out of Sequence <input type="checkbox"/>                 |   |  |                                      |             |              |              |
|                   | Wave/Twist in Tube <input type="checkbox"/>           | Folio <input type="checkbox"/>             | Outside Dimensions <input type="checkbox"/>              |   |  |                                      |             |              |              |

## Work Order ID 107698

September-27-13 1:10:17 PM

\*107698\*

Page 2

Item ID: 646.3912

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Shim

Stop

\*NS2\*

Start Date: 9/27/13 Start Qty: 8.00 \*8\*

Cust Item ID:

Required Date: 9/27/13 Req'd Qty: 8.00 \*8\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

130

\*130\*

QC

Quality Control

QC8- Inspect parts - second check

0.00

DAS

27

9-89

B1104

14

140

\*140\*

Outsource3

Outsource process - Cad plate

Outsource process-Cadplate per QSI017 4.1.9.1

0.00

Memo

Issue P/O: 21961

0.00

CZ 13/11/06 14

150

\*150\*

Packaging

Packaging

Receive &amp; Inspect for Damage &amp; Mat'l Certs

0.00

Memo

0.00

R3/12/14 - (14)

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| Work Order: _____  |      |      | <b>DISPOSITION</b>                         |  | <b>AGAINST DEPARTMENT/PROCESS</b>  |  |                                      |              |              |  |
|--|------|------|--|--|------------------------------------|--|--------------------------------------|--------------|--------------|--|
|  |      |      | <input type="checkbox"/> Rework            | <input type="checkbox"/> Skid-tube   | <input type="checkbox"/> Crosstube | <input type="checkbox"/> Water Jet           | <input type="checkbox"/> Engineering |              |              |  |
|  |      |      | <input type="checkbox"/> Scrap             | <input type="checkbox"/> Machining   | <input type="checkbox"/> Small Fab | <input type="checkbox"/> Prod. Eng. Coor.    | <input type="checkbox"/> Quality     |              |              |  |
|  |      |      | <input type="checkbox"/> Use-as-is         | <input type="checkbox"/> Thermoforming   | <input type="checkbox"/> Finishing | <input type="checkbox"/> Rec/Store/Packaging | <input type="checkbox"/> Other       |              |              |  |
|  |      |      | <input type="checkbox"/> Work Order Update | <input type="checkbox"/> Large Fab   | <input type="checkbox"/> Composite | <input type="checkbox"/> Supplier            |                                      |              |              |  |
| Root Cause   | Date | Step | Qty  | Description of work order update or Non-conformance  | Initial Chief Eng                  | Action Description                           | Sign & Date                          | Verification | QC Inspector |  |
| Doc/Data   |      |      |  |  |                                    |  |                                      |              |              |  |
| Equip/Tooling  |      |      |  |  |                                    |  |                                      |              |              |  |
| Operator   |      |      |  |  |                                    |  |                                      |              |              |  |
| Material   |      |      |  |  |                                    |  |                                      |              |              |  |
| Setup  |      |      |  |  |                                    |  |                                      |              |              |  |
| Other  |      |      |  |  |                                    |  |                                      |              |              |  |
| Process  |      |      |  |  |                                    |  |                                      |              |              |  |
| Supplier   |      |      |  |  |                                    |  |                                      |              |              |  |
| Training   |      |      |  |  |                                    |  |                                      |              |              |  |
| Unapproved   |      |      |  |  |                                    |  |                                      |              |              |  |
| <b>FAULT CATEGORY</b>  |      |      |  |  |                                    |  |                                      |              |              |  |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped.<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |      |      |  | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio<br><input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions |                                    |  |                                      |              |              |  |
|  |      |      |  | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><input type="checkbox"/> Other   |                                    |  |                                      |              |              |  |
|  |      |      |  | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled  |                                    |  |                                      |              |              |  |

Work Order ID 107698

September-27-13 1:10:17 PM

\*107698\*

Page 3

Item ID: 646.3912

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Stop

\*NS2\*

Item Name: Shim

Start Date: 9/27/13 Start Qty: 8.00 \*8\*

Cust Item ID:

Required Date: 9/27/13 Req'd Qty: 8.00 \*8\*

Customer:

Reference:

|            |               |       |            |       |      |       |       |
|------------|---------------|-------|------------|-------|------|-------|-------|
| Approvals: | Process Plan: | Date: | Tooling:   | Date: | Run  | Start | *NR1* |
|            | QC:           | Date: | SPC (Y/N): | Date: | Stop |       | *NR2* |

| Sequence ID/<br>Work Center ID                   | Operation<br>Description                                  | Set Up/<br>Run Hours | Tool ID                     | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--|---|----------------------|-----------------------------|--------|--------------|---------------|---------------|------------------|----------------|
| 160<br><br><b>*160*</b><br>QC<br>Quality Control | QC5- Inspect part completeness to step on W/O<br><br>Memo | 0.00<br>0.00         | DAS<br>27<br>9-89<br>B/18/4 |        |              |               | 14            |                  |                |

170  
  
**\*170\***  
Packaging  
Packaging

Identify as per dwg & Stock Location: ST535 0.00

DAS  
28  
9-89  
14X 13-12-4

Memo  
\*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING THE P# AND  
REV\*\*\*

180  
  
**\*180\***  
QC  
Quality Control

QC21- Final Inspection - Work Order Release 0.00

13/12/9/11

Memo  
0.00

13/12/5

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| Work Order: _____  |  |  | DISPOSITION                        |  | AGAINST DEPARTMENT/PROCESS         |                                      |             |              |              |  |  |   |  |
|--|--|--|------------------------------------|--|------------------------------------|--------------------------------------|-------------|--------------|--------------|--|--|---|--|
| Part No. _____   | Rework <input type="checkbox"/>            | Scrap <input type="checkbox"/>         | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/>   | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> |             |              |              |  |  |   |  |
| NCR No. _____  | Use-as-is <input type="checkbox"/>         | Thermoforming <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coor. <input type="checkbox"/>  | Quality <input type="checkbox"/>   |                                      |             |              |              |  |  |   |  |
|  | Work Order Update <input type="checkbox"/> | Large Fab <input type="checkbox"/>     | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/>   | Other <input type="checkbox"/>     |                                      |             |              |              |  |  |   |  |
| Root Cause   | Date                                       | Step                                   | Qty                                | Description of work order update or Non-conformance  | Initial Chief Eng                  | Action Description                   | Sign & Date | Verification | QC Inspector |  |  |   |  |
| Doc/Data   |  |  |                                    |  |                                    |                                      |             |              |              |  |  |   |  |
| Equip/Tooling  |  |  |                                    |  |                                    |                                      |             |              |              |  |  |   |  |
| Operator   |  |  |                                    |  |                                    |                                      |             |              |              |  |  |   |  |
| Material   |  |  |                                    |  |                                    |                                      |             |              |              |  |  |   |  |
| Setup  |  |  |                                    |  |                                    |                                      |             |              |              |  |  |   |  |
| Other  |  |  |                                    |  |                                    |                                      |             |              |              |  |  |   |  |
| Process  |  |  |                                    |  |                                    |                                      |             |              |              |  |  |   |  |
| Supplier   |  |  |                                    |  |                                    |                                      |             |              |              |  |  |   |  |
| Training   |  |  |                                    |  |                                    |                                      |             |              |              |  |  |   |  |
| Unapproved   |  |  |                                    |  |                                    |                                      |             |              |              |  |  |   |  |
| FAULT CATEGORY   |  |  |                                    |  |                                    |                                      |             |              |              |  |  |   |  |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped.<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |  |  |                                    | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio<br><input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions |                                    |                                      |             |              |              | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Other |  | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled |  |

**Picklist Print**

September-27-13 1:10:16 PM

Page 1

Work Order ID: 107698

Parent Item: 646.3912

Parent Item Name: Shim

Start Date: 9/27/13

Required Date: 9/27/13

Start Qty: 8.00

Required Qty: 8.00

Comments: IPP REV:A 12.10.23 NEW ISSUE DD VERF:

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|

MC1095S.020

C1095 Blue Tempered Spring Steel Sheet .020

Purchased

No

110

sf

28.4000

0.02

0.1684211

Ac 13.11.02

| <u>Location</u> | <u>Loc Qty</u> | <u>Loc Code</u> |
|-----------------|----------------|-----------------|
|-----------------|----------------|-----------------|

MAT022 28.4

123537 5.4

m126423 23

126423 → ,28

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| Work Order: _____     |   |   | <b>DISPOSITION</b>                                       |   | <b>AGAINST DEPARTMENT/PROCESS</b>           |  |                                      |              |              |  |
|-----------------------|---|---|--|---|---|--|--------------------------------------|--------------|--------------|--|
|                       |   |   | <input type="checkbox"/> Rework                          | <input type="checkbox"/> Skid-tube                  | <input type="checkbox"/> Crosstube          | <input type="checkbox"/> Water Jet           | <input type="checkbox"/> Engineering |              |              |  |
|                       |   |   | <input type="checkbox"/> Scrap                           | <input type="checkbox"/> Machining                  | <input type="checkbox"/> Small Fab          | <input type="checkbox"/> Prod. Eng. Coor.    | <input type="checkbox"/> Quality     |              |              |  |
|                       |   |   | <input type="checkbox"/> Use-as-is                       | <input type="checkbox"/> Thermoforming              | <input type="checkbox"/> Finishing          | <input type="checkbox"/> Rec/Store/Packaging | <input type="checkbox"/> Other       |              |              |  |
|                       |   |   | <input type="checkbox"/> Work Order Update               | <input type="checkbox"/> Large Fab                  | <input type="checkbox"/> Composite          | <input type="checkbox"/> Supplier            |                                      |              |              |  |
| Root Cause            | Date  | Step                                    | Qty  | Description of work order update or Non-conformance | Initial Chief Eng                           | Action Description                           | Sign & Date                          | Verification | QC Inspector |  |
| Doc/Data              |   |   |  |   |   |  |                                      |              |              |  |
| Equip/Tooling         |   |   |  |   |   |  |                                      |              |              |  |
| Operator              |   |   |  |   |   |  |                                      |              |              |  |
| Material              |   |   |  |   |   |  |                                      |              |              |  |
| Setup                 |   |   |  |   |   |  |                                      |              |              |  |
| Other                 |   |   |  |   |   |  |                                      |              |              |  |
| Process               |   |   |  |   |   |  |                                      |              |              |  |
| Supplier              |   |   |  |   |   |  |                                      |              |              |  |
| Training              |   |   |  |   |   |  |                                      |              |              |  |
| Unapproved            |   |   |  |   |   |  |                                      |              |              |  |
| <b>FAULT CATEGORY</b> |   |   |  |   |   |  |                                      |              |              |  |
| <b>Landing Gear</b>   | <b>General</b>  |   |  |   |   |  |                                      |              |              |  |
|                       | <input type="checkbox"/> Bending                      | <input type="checkbox"/> Bend           | <input type="checkbox"/> Grain                           | <input type="checkbox"/> Ovalized                   | <input type="checkbox"/> Pressure/Forced    |  |                                      |              |              |  |
|                       | <input type="checkbox"/> Centre Not Concentric to O/S | <input type="checkbox"/> BOM/Route      | <input type="checkbox"/> Hardware                        | <input type="checkbox"/> Over/Under tolerance       | <input type="checkbox"/> Temperature/Cure   |  |                                      |              |              |  |
|                       | <input type="checkbox"/> Cracks                       | <input type="checkbox"/> Broken/Damaged | <input type="checkbox"/> Inspection Incomplete           | <input type="checkbox"/> Part Incorrect             | <input type="checkbox"/> Weld               |  |                                      |              |              |  |
|                       | <input type="checkbox"/> Crushed/Crimped.             | <input type="checkbox"/> Burrs          | <input type="checkbox"/> Instructions Incomplete/Unclear | <input type="checkbox"/> Part Lost/Missing          | <input type="checkbox"/> Wrong Stock Pulled |  |                                      |              |              |  |
|                       | <input type="checkbox"/> Cuffs                        | <input type="checkbox"/> Contamination  | <input type="checkbox"/> Maintenance                     | <input type="checkbox"/> Part Moved                 |   |  |                                      |              |              |  |
|                       | <input type="checkbox"/> Heat Treat                   | <input type="checkbox"/> Countersink    | <input type="checkbox"/> Mislabeled                      | <input type="checkbox"/> Positioned Wrong           |   |  |                                      |              |              |  |
|                       | <input type="checkbox"/> Inspection Strip in Tube     | <input type="checkbox"/> Cut Too Short  | <input type="checkbox"/> Offset                          | <input type="checkbox"/> Power Loss/Surge           |   |  |                                      |              |              |  |
|                       | <input type="checkbox"/> Ripples in Bend              | <input type="checkbox"/> Drill Holes    | <input type="checkbox"/> Out of Calibration              |   |   |  |                                      |              |              |  |
|                       | <input type="checkbox"/> Torque Waves in Extrusion    | <input type="checkbox"/> Drawing        | <input type="checkbox"/> Out of Sequence                 |   |   |  |                                      |              |              |  |
|                       | <input type="checkbox"/> Turning Sequence             | <input type="checkbox"/> Finish         | <input type="checkbox"/> Outside Dimensions              |   |   |  |                                      |              |              |  |
|                       | <input type="checkbox"/> Wave/Twist in Tube           | <input type="checkbox"/> Folio          |  |   |   |  |                                      |              |              |  |
|                       |   |   |  |   |   |  |                                      |              |              |  |
|                       |   |   |  |   |   |  |                                      |              |              |  |
|                       |   |   |  |   |   |  |                                      |              |              |  |

|                                   |              |             |
|-----------------------------------|--------------|-------------|
| DART AEROSPACE LTD                | Work Order:  | 107698      |
| Description: Shim                 | Part Number: | 646.3912    |
| Inspection Dwg: 646.3900 Rev: N/C |              | Page 1 of 1 |

# FIRST ARTICLE INSPECTION CHECKLIST

|              |          |
|--------------|----------|
| Measured by: | Ae       |
| Date:        | 13.11.02 |

|             |          |
|-------------|----------|
| Audited by: | 9-89     |
| Date:       | 13/11/04 |

|                              |  |
|------------------------------|--|
| <b>Preliminary Approval:</b> |  |
| <b>Date:</b>                 |  |

| <b>Rev</b> | <b>Date</b> | <b>Change</b> | <b>Revised by</b> | <b>Approved</b> |
|------------|-------------|---------------|-------------------|-----------------|
| A          | 12.11.30    | New Issue     | KJ                | SH<br>AS        |

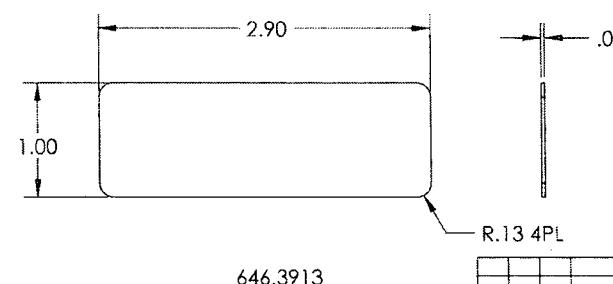
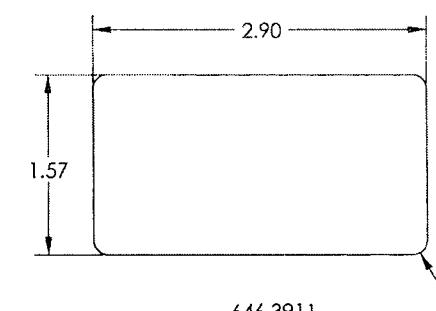
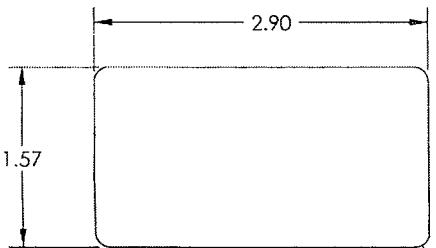
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THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.

| REV. | DESCRIPTION | DATE | REVISIONS |   |
|------|-------------|------|-----------|---|
|      |             |      | 1         | 2 |
|      |             |      |           |   |
|      |             |      |           |   |

NOTES:

- 1 MATERIAL: SHIM STOCK, C1095 BLUE-TEMPERED SPRING STEEL
- 2 FINISH: CAD PLATE PER QQ-P-416 TYP II CL2

3. IDENTIFY IAW MPP-120



107698 MLJ  
13-09-27

|     |        | 646.3913 | SHIM        | ▲    | ▲     |
|-----|--------|----------|-------------|------|-------|
|     |        | 646.3912 | SHIM        | ▲    | ▲     |
|     |        | 646.3911 | SHIM        | ▲    | ▲     |
|     |        | 646.3910 | SHIM        | ▲    | ▲     |
|     | FIND # | PART #   | DESCRIPTION | MATL | SPEC. |
| QTY |        |          | PARTS LIST  |      |       |

|               |  |   |                          |  |  |
|---------------|--|---|--------------------------|--|--|
| NEXT ASSY (S) |  | ORIGINAL DATE<br>10/10/01   | 09/03/01                 | APICAL INDUSTRIES  |  |
| 646.4000      |  | MANUFACTURED BY<br>S HUFF   | QUALITY CONTROL<br>BRAVO | 2608 TEMPLE HEIGHTS DR.<br>OCEANSIDE, CA. 92054-3512 (760)724-5300 |  |
|               |  | DRAWING APPROVAL<br>P. HUFF   | QC APPROVAL<br>C. DODSON | SHIM   |  |
|               |  | CD-FACT-110   |                          | WE CAGE CODE CNG NO. 646.3900 N/C                                  |  |
|               |  | LINES ARE DRAWN IN INCHES<br>ALL DIMENSIONS ARE IN INCHES<br>TOLERANCES: ±.01<br>SURFACE FINISHES: ±.005<br>MATERIAL: C1095 |                          | SCALE: NONE SHEET 1 OF 1   |  |

**CERTIFICATE OF  
CONFORMANCE**

**CADORATH PLATING CO. LTD.  
2150 LOGAN AVENUE  
WINNIPEG, MANITOBA R2J-0J1**

**DATE:** Dec-02-2013

**CONSIGNMENT TO:** Dart Aerospace Ltd.

1270 Aberdeen St.  
Hawksbury, ON K6A 1K7

**W/O #:** 130254  
**INVOICE #:** 68742

**CONTRACT OR  
PURCHASE ORDER #** PO21961

**DESCRIPTION:** SHIM **QTY** 14

**P/N #** 646.3912 **S/N #** 107698

CADMUM PLATING IAW AMS-QQ-P-416C TYPE 2 YELLOW CLASS 2.  
BAKE HEAT CHART # 13-1051.

**CERTIFICATE:** I certify that the items indicated here on have  
been inspected and tested and conform to all specifications  
and requirements detailed on the contract or purchase order.

CL  
22

**Approved Inspector:** 

